ASSURITY LIFE INSURANCE COMPANY

AL2101P-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts	Elimination Periods			
☐ 1 Yr. ☑ 2 Yrs. ☑ 3 Yrs. ☑ 4 Yrs. ☑ 5 Yrs. ☑ 6 Yrs. ☐ 7 Yrs. ☑ Lifetime ☑ Important Company Notes: 10 Years Available	✓ 0 days ☐ 60 days ☐ 20 days ✓ 90 days ☐ Calendar Day ✓ 30 days ☐ 100 days ☐ Service Day			
To Todio Managio	Inflation Protection			
November of Learner Deille Developit Americante	 ✓ 5% Compound ✓ 5% Simple ✓ Important Company Notes 			
Nursing Home Daily Benefit Amounts \$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10. ✓ per day ☐ per week ☐ per month ☐ Not Available	Simple Inflation: on each policy anniversary, the daily benefit amounts, as well as the reamining benefit amount payable is increased by 5% of the original dollar amount issued. Compound Inflation. On each policy anniversary, daily benefit amount, as well as remaining benefit amount payable is increased by 5% compound annually. (See Below)			
☐ Important Company Notes:	Residential Care Facility Daily Benefit Amounts			
p.3.13 23pa.i.j .13133.	Represents the percentage of the Nursing Home Daily Benefit Amount. □ 80% □ 75% □ 100% □ 90% □ Important Company Notes			

Waiver of Premium

Premiums for the policy and attached riders will be waived after confined in a nursing facility or risidential care facility for a period of 90 days- Any unearned premium is refunded on a prorata basis. Premiums are waived until facility confinement ends.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$349	\$961	\$291	\$800	\$462	\$1,271
55	\$422	\$996	\$352	\$830	\$558	\$1,317
60	\$585	\$1,229	\$488	\$1,024	\$774	\$1,625
65	\$794	\$1,500	\$662	\$1,250	\$1,050	\$1,985
70	\$1,170	\$1,966	\$975	\$1,638	\$1,548	\$2,601
75	\$2,336	\$3,691	\$1,947	\$3,076	\$3,090	\$4,882
80	\$3,506	\$5,259	\$2,922	\$4,383	\$4,638	\$6,957

BANKERS LIFE AND CASUALTY COMPANY

GR-N340

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum F	Policy Benefit	Amounts		Elimination I	Periods	
•	✓ 2 Yrs. ✓ 6 Yrs. Company Notes:	✓ 3 Yrs.☐ 7 Yrs.	✓ 4 Yrs.✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days		TYPE ☐ Calendar Day ✓ Service Day
2020 dayo 10 oqu	ivaient to o years.			Inflation Pro	tection	
	D 11 D			✓ 5% Compos ✓ 5% Simple	✓ Important	ed Purchase Option Company Notes
Nursing Hor	ne Daily Bene	efit Amounts			8% and 4% compound infla	ation options. The ximum Benefit Amount per
	to \$300 maximumements of \$10.	ım per [day, we ☐ per month	-	claim episode are	increased each policy and hout regard to claims paid	niversary by the selected
□ Not Availab	le					
☐ Important Company Notes:				Residential (Care Facility Daily	y Benefit Amounts
·	. ,			Represents the Benefit Amount 100% 70%	e percentage of the N t.	60% ☐ 75%

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$284	\$777	\$258	\$708	\$386	\$1,147
55	\$374	\$999	\$341	\$910	\$514	\$1,456
60	\$550	\$1,332	\$501	\$1,213	\$755	\$1,930
65	\$868	\$1,845	\$790	\$1,681	\$1,189	\$2,664
70	\$1,469	\$2,698	\$1,338	\$2,458	\$2,024	\$3,894
75	\$2,517	\$4,047	\$2,294	\$3,687	\$3,422	\$5,725
80	\$4,128	\$6,161	\$3,761	\$5,614	Not Available	Not Available

BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

BG02P(06/04)-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum P	olicy Benefit A	Amounts		Elimination F	Periods		
☐ 1 Yr.✓ 5 Yrs.☐ Important C	☐ 2 Yrs. ☐ 6 Yrs. ompany Notes:	✓ 3 Yrs.	✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	☐ 60 days☑ 90 days☐ 100 days	TYPE ✓ Calendar Day ☐ Service Day	
				Inflation Pro	tection		
\$50 minimum	ne Daily Bene to \$300 maximu ements of \$10. per week e		-	, ,	✓ Important nniversary, the daily bend amount payable is increa	ed Purchase Option : Company Notes efit amount, as well as the sed by 3% or 5%	
☐ Important C	ompany Notes:			Residential Care Facility Daily Benefit Amounts			
				Represents the Benefit Amount 100% 70%	percentage of the Nt. 28 percentage of the Nt. 29 percentage of the Nt. 20 percentage of the Nt.	B0%	

Waiver of Premium

Premiums due for the policy and any attached riders are waived after satisfaction of a 90 day waiting period for facility confinement. Any unearned premium is refuned on a pro-rata basis, including premiums paid during the 90-day waiting period. Premiums are waived until facility confinement ends.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$288	\$791	\$250	\$688	\$417	\$1,147
55	\$388	\$970	\$337	\$844	\$562	\$1,406
60	\$557	\$1,254	\$485	\$1,090	\$808	\$1,817
65	\$859	\$1,707	\$747	\$1,493	\$1,244	\$2,488
70	\$1,395	\$2,441	\$1,213	\$2,123	\$2,022	\$3,538
75	\$2,359	\$3,774	\$2,051	\$3,281	\$3,418	\$5,469
80	\$3,869	\$5,804	\$3,364	\$5,047	\$5,607	\$8,411

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods			
☐ 1 Yr.	☐ 2 Yrs.	✓ 3 Yrs.	4 Yrs.	☐ 0 days	✓ 60 days	TYPE Colorador Dov	
⊻ 5 Yrs.	☐ 6 Yrs.	☐ 7 Yrs.	✓ Lifetime	☐ 20 days	✓ 90 days	☐ Calendar Day	
☐ Important C	company Notes:			✓ 30 days	☐ 100 days	☐ Service Day	
				Inflation Pro	tection		
				✓ 5% Compou		ed Purchase Option Company Notes	
Nursing Hor	ne Daily Bene	fit Amounts		·	·		
	to \$250 maximu ements of \$10. ☐ per week	m per [day, we ☐ per month	-				
☐ Not Availab	le						
✓ Important Company Notes:				Residential Care Facility Daily Benefit Amounts			
	pay for all services r benefit amount exce			Represents the percentage of the Nursing Home Daily Benefit Amount. 80% 75% 100% 90% 70% Important Company Notes			

Waiver of Premium

When benefit-eligible

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.		90 Day Elimination Period.		90 Day Elimination Period.		
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$288	\$968	\$257	\$864	\$352	\$1,188
55	\$358	\$1,039	\$320	\$928	\$439	\$1,278
60	\$464	\$1,150	\$414	\$1,027	\$678	\$1,685
65	\$729	\$1,412	\$651	\$1,261	\$1,139	\$2,234
70	\$1,175	\$1,966	\$1,049	\$1,755	\$1,792	\$3,012
75	\$2,063	\$3,057	\$1,842	\$2,730	\$2,743	\$4,079
80	\$3,099	\$4,130	\$2,767	\$3,688	\$4,234	\$5,657

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

MM-401-P-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts		Elimination	Periods		
☐ 1 Yr. ☐ 2 Yrs. ☑ 3 Yrs. ☑ 4 Yr ☑ 5 Yrs. ☑ 6 Yrs. ☐ 7 Yrs. ☑ Life ☑ Important Company Notes: 10 year plan is also available.	_	✓ 0 days☐ 20 days✓ 30 days	☐ 60 days☑ 90 days☐ 100 days	TYPE ✓ Calendar Day ☐ Service Day	
To your plan to allow available.		Inflation Pro	otection		
Nursing Home Daily Benefit Amounts	_	✓ 5% Compo		ed Purchase Option Company Notes	
\$50 minimum to \$300 maximum per [day, week or m offered in increments of \$10. per day per week per month	nonth]	amounts, as well as remaining benefit amount payable is increased by 5% compounded annually. Simple - On each policy anniversary, the daily/monthly benefit amounts, as well as the remaining benefit amount payable is increased by 5% of the original dollar amount issued.			
☐ Not Available					
☐ Important Company Notes:		Residential	Care Facility Dail	y Benefit Amounts	
			Represents the percentage of the Nursing Home Daily Benefit Amount. □ 80% □ 75% □ 100% □ 90% □ Important Company Notes		

Waiver of Premium

Premiums due for the policy and any attached riders are waived after satisfaction of a 90 calendar day waiting period for facility confinement. Any unearned premium is refunded on a pro-rata basis. Premiums are waived until facility confinement ends. (7 calendar days counted for one or more days of confinement during a 7-day period)

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$304	\$837	\$265	\$728	\$420	\$1,155
55	\$370	\$924	\$321	\$803	\$510	\$1,275
60	\$522	\$1,174	\$454	\$1,021	\$720	\$1,620
65	\$717	\$1,435	\$624	\$1,247	\$990	\$1,980
70	\$1,174	\$2,054	\$1,021	\$1,786	\$1,620	\$2,835
75	\$1,956	\$3,130	\$1,701	\$2,722	\$2,700	\$4,320
80	\$3,391	\$5,086	\$2,948	\$4,423	\$4,680	\$7,020

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts	Elimination Periods
 □ 1 Yr. □ 2 Yrs. □ 3 Yrs. □ 4 Yrs. □ 5 Yrs. □ 6 Yrs. □ 7 Yrs. ☑ Lifetime □ Important Company Notes: 	□ 0 days ✓ 60 days □ 20 days ✓ 90 days ✓ 30 days □ 100 days TYPE Calendar Day Service Day
	Inflation Protection
Nursing Home Daily Benefit Amounts \$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10. □ per day □ per week ☑ per month □ Not Available	✓ 5% Compound ☐ Guaranteed Purchase Option ☐ 5% Simple ☑ Important Company Notes 2 options for compound - No maximum and 2x initial benefit amount 5% simple: 5% of initial benefit amount is added annually at the anniversary date. 5% Comp. No max: The benefit amount is increased 5% annually at the anniversary date. 5% Comp. 2 max: The benefit amount is increased 5% annually at the anniversary date until the benefit amount is twice the initial amount.
☐ Important Company Notes:	Residential Care Facility Daily Benefit Amounts
— 	Represents the percentage of the Nursing Home Daily Benefit Amount. □ 80% □ 75% □ 100% □ 90% □ Towns □ Important Company Notes

Waiver of Premium

premium waiver takes effect the day after the date the elimination period is met. It ends on the date the policyholder is no longer benefit eligible.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$348	\$561	\$303	\$488	\$550	\$956
55	\$474	\$775	\$413	\$674	\$756	\$1,299
60	\$705	\$1,147	\$613	\$998	\$1,097	\$1,888
65	\$1,049	\$1,688	\$912	\$1,468	\$1,632	\$2,793
70	\$1,630	\$2,571	\$1,418	\$2,198	\$2,513	\$4,223
75	\$2,855	\$4,149	\$2,483	\$3,608	\$4,433	\$7,088
80	\$4,488	\$5,987	\$3,902	\$5,206	Not Available	Not Available

METROPOLITAN LIFE INSURANCE COMPANY

LTC2-FAC-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination I	Periods	
☐ 1 Yr.	✓ 2 Yrs.	✓ 3 Yrs.	✓ 4 Yrs.	\square 0 days	\square 60 days	TYPE
✓ 5 Yrs.	☐ 6 Yrs.	✓ 7 Yrs.	✓ Lifetime	✓ 20 days	\square 90 days	\square Calendar Day
•	Company Notes:			\square 30 days	✓ 100 days	✓ Service Day
730, 1095, 1460, Daily Benefit.	1825, 2555 (No. of a	lays) times the Nu	rsing Facility	Inflation Pro	tection	
				✓ 5% Compos		ed Purchase Option Company Notes
Nursing Hor	me Daily Bene	fit Amounts		<u> </u>		Company Notes
	to \$400 maximurements of \$10.	m per [day, we ☐ per month	-			
☐ Not Availab	ole					
☐ Important C	Company Notes:			Residential (Care Facility Daily	Benefit Amounts
·	. ,			Represents the Benefit Amount 100% 70%	e percentage of the N t.	0%

Waiver of Premium

Takes effect upon benefit eligibility(after elimination period is satisfied)

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

20* Day Elimination Period.			100** Day Eli	mination Period.	100** Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$445	\$1,140	\$387	\$991	\$733	\$2,061
55	\$486	\$1,231	\$422	\$1,070	\$816	\$2,235
60	\$690	\$1,538	\$600	\$1,338	\$1,152	\$2,860
65	\$1,035	\$2,084	\$900	\$1,893	\$1,734	\$3,814
70	\$1,726	\$3,155	\$1,501	\$2,744	\$2,876	\$5,514
75	\$3,084	\$5,098	\$2,681	\$4,433	\$5,033	\$8,578
80	\$5,246	\$8,092	\$4,562	\$7,036	\$8,346	\$13,175

MINNESOTA LIFE INSURANCE COMPANY

ML7501P-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts	Elimination Periods
 □ 1 Yr. ☑ 2 Yrs. ☑ 3 Yrs. □ 4 Yrs. ☑ 5 Yrs. □ 6 Yrs. □ 7 Yrs. ☑ Lifetime ☐ Important Company Notes: 	✓ 0 days ☐ 60 days ☐ 20 days ✓ 90 days ✓ 30 days ☐ 100 days TYPE Calendar Day Service Day
	Inflation Protection
Nursing Home Daily Benefit Amounts \$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10. ✓ per day ☐ per week ☐ per month ☐ Not Available	✓ 5% Compound ☐ Guaranteed Purchase Option ☐ 5% Simple ☐ Important Company Notes Simple Inflation: On each policy anniversary, the daily benefit amounts, as well as the remaining benefit amount payable is increased by 5% of the original dollar amount issued. Compound Inflation:On each policy anniversary, daily benefit amounts, as well as remaining benefit amount payable is increased by 5% compounded annually.
☐ Important Company Notes:	Residential Care Facility Daily Benefit Amounts
	Represents the percentage of the Nursing Home Daily Benefit Amount. □ 80% □ 75% □ 100% □ 90% □ Town □ Important Company Notes

Waiver of Premium

Premiums for the policy and attached riders will be waived after confinement in a nursing/residential facility for a period of 90 days. Any unearned premium is refunded on a pro-rata basis. Premiums are waived until facility confinement ends.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$366	\$1,099	\$305	\$915	\$484	\$1,453
55	\$458	\$1,190	\$381	\$992	\$606	\$1,574
60	\$610	\$1,434	\$509	\$1,195	\$807	\$1,897
65	\$915	\$1,831	\$763	\$1,526	\$1,211	\$2,422
70	\$1,404	\$2,386	\$1,170	\$1,989	\$1,857	\$3,157
75	\$2,563	\$3,845	\$2,136	\$3,204	\$3,391	\$5,086
80	\$3,967	\$5,752	\$3,306	\$4,794	\$5,247	\$7,609

NEW YORK LIFE INSURANCE COMPANY

INH-5000(CA)(1001)

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum	Policy Benefit	Amounts		Elimination	Periods	
☐ 1 Yr.	✓ 2 Yrs.	✓ 3 Yrs.	✓ 4 Yrs.	\square 0 days	\square 60 days	TYPE
✓ 5 Yrs.	☐ 6 Yrs.	✓ 7 Yrs.	Lifetime	✓ 20 days		\square Calendar Day
	Company Notes:			\square 30 days	☐ 100 days	Service Day
	0, 1825, 2555 or 3650 enefit. 10 Yrs. Plan is		s the Nursing	Inflation Pro	otection	
				✓ 5% Compo ✓ 5% Simple		ed Purchase Option Company Notes
Nursing Ho	me Daily Bene	efit Amounts			natic annual inflation prote	ction options: Simple 1%,
	n to \$400 maximu	ım per [day, we	eek or month]	Compound 5%. 1	le 3%, Simple 4%, Simple There are 3 Guranteed Pui	rchase Options: CPI-U,
offered in inc	crements of \$1.	per month	1	option, the policy		ers to increase his benefits
☐ Not Availa	•	pere			he increase in the CPI-U c ear to september 2 years _l	
_	Company Notes:			Residential	Care Facility Dail	y Benefit Amounts
				Represents the Benefit Amoun	e percentage of the N it.	lursing Home Daily 30% ☐ 75%
				□ 70%	☐ Important Comp	any Notes

Waiver of Premium

Premiums will be waived beginning on the first day that benefits are payable after the Waiting Period has been satisfied. Premiums will continue to be waived until no benefits are payable for 30 consecutive days.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

20* Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3)	/ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$314	\$981	\$215	\$672	\$366	\$1,189
55	\$476	\$1,310	\$326	\$897	\$552	\$1,581
60	\$651	\$1,588	\$446	\$1,088	\$750	\$1,905
65	\$965	\$2,050	\$661	\$1,404	\$1,104	\$2,441
70	\$1,496	\$2,758	\$1,025	\$1,889	\$1,697	\$3,273
75	\$2,468	\$4,006	\$1,690	\$2,744	\$2,794	\$4,742
80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

PENN TREATY NETWORK AMERICA LIFE INSURANCE COMP

SR2-P(CA)

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts	Elimination Periods
✓ 1 Yr. ✓ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs. ☐ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime ☐ Important Company Notes:	□ 0 days □ 60 days □ 20 days □ 90 days □ 30 days ☑ 100 days TYPE Calendar Day Service Day
	Inflation Protection
	✓ 5% Compound ☐ Guaranteed Purchase Option ☐ 5% Simple ☐ Important Company Notes
Nursing Home Daily Benefit Amounts	
\$50 minimum to \$100 maximum per [day, week or month] offered in increments of \$10. ✓ per day ☐ per week ☐ per month	
☐ Not Available	
☐ Important Company Notes:	Residential Care Facility Daily Benefit Amounts
,	Represents the percentage of the Nursing Home Daily Benefit Amount. □ 80% □ 75% □ 100% □ 90% □ 100% □ Important Company Notes

Waiver of Premium

None offerred with this policy.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

100 Day Elimination Period.			100** Day Elimination Period.		100** Day Elimination Period.	
3 y	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	e benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	Not Available	\$580	\$1,020	Not Available	Not Available
55	Not Available	Not Available	\$770	\$1,360	Not Available	Not Available
60	Not Available	Not Available	\$970	\$1,710	Not Available	Not Available
65	Not Available	Not Available	\$1,540	\$2,640	Not Available	Not Available
70	Not Available	Not Available	\$2,820	\$4,530	Not Available	Not Available
75	Not Available	Not Available	\$5,010	\$7,320	Not Available	Not Available
80	Not Available	Not Available	\$9,000	\$11,740	Not Available	Not Available

PHYSICIANS MUTUAL INSURANCE COMPANY

P148CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum	Policy Benefit	Amounts		Elimination	Periods	
•	✓ 2 Yrs. ☐ 6 Yrs. Company Notes:	6 Yrs. □ 7 Yrs. ☑ Lifetime □ 20 days ☑ 90 days □ any Notes: ☑ 30 days □ 100 days □ 100 days				TYPE ✓ Calendar Day ✓ Service Day
•	e Benefit Period sele		•	Inflation Pr	otection	
\$900 minimu	ome Daily Ben um to \$9000 max ed in increments per week ble	imum per [day	, week or		Imporompound capped at 2 acidity Care Benefit & r	anteed Purchase Option tant Company Notes x monthly benefit originally remaining Maximum Benefit are
☐ Important	Company Notes:			Residential	Care Facility D	Daily Benefit Amounts
				Represents th Benefit Amount 100% 70%	nt. 90%	ne Nursing Home Daily 80% 75% Description of the second secon

Waiver of Premium

We waive premium after 90 service days.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$409	\$1,095	\$349	\$936	\$572	\$1,797
55	\$516	\$1,281	\$441	\$1,095	\$724	\$2,091
60	\$696	\$1,601	\$595	\$1,369	\$976	\$2,556
65	\$1,007	\$2,055	\$861	\$1,756	\$1,411	\$3,302
70	\$1,634	\$2,990	\$1,397	\$2,556	\$2,290	\$4,556
75	\$2,878	\$4,777	\$2,460	\$4,083	\$4,032	\$7,056
80	\$4,198	\$6,507	\$3,588	\$5,562	\$5,882	\$9,412

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

LTC03

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum P	Policy Benefit	Amounts		Elimination	Periods	
☐ 1 Yr. ☑ 2 Yrs. ☑ 5 Yrs. ☑ 6 Yrs. ☑ Important Company Notes: 3, 4 and 10 years		☐ 3 Yrs. ☐ 4 Yrs. ☐ 7 Yrs. ☑ Lifetime		□ 0 days✓ 20 days✓ 30 days		TYPE ☐ Calendar Day ✓ Service Day
o, runa ro yeuro				Inflation Pro	otection	
				✓ 5% Compo		nteed Purchase Option ant Company Notes
Nursing Hor	ne Daily Bene	efit Amounts	•		ection based on the Ci	
	to \$500 maximutements of \$10.	um per [day, w ☐ per montl	_			
\square Not Availab	le					
✓ Important C	Company Notes:			Residential	Care Facility D	aily Benefit Amounts
Indemnity based				Represents the Benefit Amour		e Nursing Home Daily □ 80% □ 75%
				☑ 100% □ 70%	□ 90%□ Important Co	mpany Notes

Waiver of Premium

After satisfaction of the Elimination period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$625	\$2,179	\$521	\$1,816	\$775	\$3,109
55	\$795	\$2,557	\$662	\$2,131	\$992	\$3,587
60	\$1,087	\$3,000	\$906	\$2,500	\$1,385	\$4,150
65	\$1,636	\$3,868	\$1,363	\$3,223	\$2,118	\$5,362
70	\$2,513	\$5,376	\$2,094	\$4,480	\$3,305	\$7,526
75	\$4,147	\$7,415	\$3,456	\$6,179	\$5,500	\$10,473
80	\$6,632	\$10,362	\$5,527	\$8,635	\$8,855	\$14,752

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

RLTC03

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods				
☐ 1 Yr. ✓ 5 Yrs. ✓ Important Composition of the	✓ 2 Yrs. ✓ 6 Yrs. ompany Notes:	☐ 3 Yrs. ☐ 7 Yrs.	☐ 4 Yrs. ✓ Lifetime	□ 0 days☑ 20 days☑ 30 days	 ✓ 60 days ✓ 90 days ☐ 100 days	TYPE ☐ Calendar Day ✓ Service Day		
o, + and to years				Inflation Pro	tection			
				✓ 5% Compou ✓ 5% Simple		ed Purchase Option Company Notes		
Nursing Hom	ne Daily Bene	fit Amounts		Also inflation protection based on the CPI				
\$50 minimum offered in incre ✓ per day	to \$500 maximuements of \$10.	m per [day, we ☐ per month	-					
☐ Not Availabl	е							
✓ Important C	ompany Notes:			Residential (Care Facility Daily	/ Benefit Amounts		
Reimbursement be				Represents the Benefit Amount 100% 70%	percentage of the N t.	0% □ 75%		

Waiver of Premium

After satisfaction of the Elimination period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$568	\$1,676	\$473	\$1,397	\$704	\$2,392
55	\$722	\$1,967	\$602	\$1,639	\$902	\$2,759
60	\$988	\$2,308	\$824	\$1,923	\$1,259	\$3,193
65	\$1,487	\$2,975	\$1,239	\$2,479	\$1,925	\$4,125
70	\$2,284	\$4,136	\$1,903	\$3,446	\$3,005	\$5,789
75	\$3,770	\$5,704	\$3,142	\$4,753	\$5,000	\$8,056
80	\$6,029	\$7,971	\$5,024	\$6,643	\$8,050	\$11,348

THE STATE LIFE INSURANCE COMPANY

S-6001-P-3-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum	Policy Benefit	Amounts		Elimination	Periods	
☐ 1 Yr.	☐ 2 Yrs.	✓ 3 Yrs.	☐ 4 Yrs.	✓ 0 days	\square 60 days	TYPE
✓ 5 Yrs.	☐ 6 Yrs.	☐ 7 Yrs.	✓ Lifetime	☐ 20 days		\square Calendar Day
☐ Important	t Company Notes:			✓ 30 days	☐ 100 days	✓ Service Day
				Inflation Pro	otection	
						nteed Purchase Option ant Company Notes
Nursing H	ome Daily Ben	efit Amounts	•			reases original daily benefit by
	im to \$300 maxim acrements of \$10. per week	um per [day, w	-	• • •	coumpounded annually	crease rider increases daily V
☐ Not Availa	·	_ рог топа	•			
☐ Important	t Company Notes:			Residential	Care Facility D	aily Benefit Amounts
				Represents th	e percentage of the	e Nursing Home Daily
				Benefit Amour	nt.	□ 80% □ 75%
				✓ 100%	□ 90%	
				□ 70%	☐ Important Co	mpany Notes

Waiver of Premium

Provided after confinement in a nuring facility or residential care facility for a period of 90 days, days need not be consecutive.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$252	\$631	\$210	\$526	\$324	\$810
55	\$336	\$758	\$280	\$631	\$432	\$972
60	\$449	\$898	\$374	\$748	\$576	\$1,152
65	\$730	\$1,314	\$608	\$1,095	\$936	\$1,684
70	\$1,207	\$1,992	\$1,006	\$1,660	\$1,548	\$2,554
75	\$1,825	\$2,737	\$1,521	\$2,281	\$2,340	\$3,510
80	\$3,229	\$4,520	\$2,691	\$3,767	\$4,140	\$5,796

THE STATE LIFE INSURANCE COMPANY

S-9001-P-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination I	Periods		
•	✓ 2 Yrs. ✓ 6 Yrs. Company Notes:	✓ 3 Yrs.☐ 7 Yrs.	✓ 4 Yrs.	✓ 0 days☐ 20 days✓ 30 days	☐ 60 days☑ 90 days☐ 100 days	TYPE ☐ Calendar Day ✓ Service Day	
Additional 10-year period is available				Inflation Pro	tection		
Nursing Ho	ma Daily Bana	afit Amounts		✓ 5% Compo ✓ 5% Simple	✓ Important	ed Purchase Option Company Notes	
Nursing Home Daily Benefit Amounts \$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10. ✓ per day □ per week □ per month			-	Simple Inflation: On each policy anniversary, the daily benefit amounts, as well as the remaining benefit amount payable is increased by 5% of the original dollar amount issued. Compound Inflation:On each policy anniversary, daily benefit amounts, as well as remaining benefit amount payable is increased by 5% compounded annually.			
□ Not Availate	ole			Desidential	0 Filit - D-ili	. D fit A t-	
☐ Important (Company Notes:			Residential	Care Facility Daily	y Benefit Amounts	
				Represents the Benefit Amoun ✓ 100% ☐ 70%	e percentage of the N t.	0%	

Waiver of Premium

Premiums for the policy and attached riders will be waived after confinement in a nursing/residential facility for a period of 90 days. Any unearned premium is refunded on a pro-rata basis. Premiums are waived until facility confinement ends.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$322	\$884	\$268	\$737	\$462	\$1,271
55	\$388	\$917	\$324	\$764	\$558	\$1,317
60	\$539	\$1,131	\$449	\$943	\$774	\$1,625
65	\$731	\$1,381	\$609	\$1,151	\$1,050	\$1,985
70	\$1,077	\$1,810	\$898	\$1,508	\$1,548	\$2,601
75	\$2,151	\$3,398	\$1,792	\$2,832	\$3,090	\$4,882
80	\$3,228	\$4,842	\$2,691	\$4,035	\$4,638	\$6,957

BANKERS LIFE AND CASUALTY COMPANY

GR-N370

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum I	Policy Benefit	Amounts		Elimination I	Periods	
•	✓ 2 Yrs. ✓ 6 Yrs. Company Notes:	 ✓ 3 Yrs. ☐ 7 Yrs.	✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	✓ 60 days✓ 90 days☐ 100 days	TYPE ☐ Calendar Day ✓ Service Day
2020 00,000 040				Inflation Pro	otection	
	D 11 D	<i>C</i> '. A		✓ 5% Compo ✓ 5% Simple	✓ Important	ed Purchase Option Company Notes
Nursing Ho	me Daily Bene	efit Amounts			3% and 4% compound in	flation options The ximum Benefit Amount per
	n to \$300 maximurements of \$10.	ım per [day, wo ☐ per month	-	claim episode are	increased each policy and the wa. increased each policy and the claims paid	niversary by the selected
☐ Not Availab	ole					
☐ Important (Company Notes:			Residential	Care Facility Dail	y Benefit Amounts
·	, ,			Represents the Benefit Amoun ✓ 100% ☐ 70%	e percentage of the N t.	60% ☐ 75%

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	e benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$289	\$792	\$264	\$722	\$393	\$1,170
55	\$382	\$1,019	\$348	\$928	\$524	\$1,485
60	\$561	\$1,358	\$511	\$1,237	\$770	\$1,969
65	\$885	\$1,882	\$806	\$1,715	\$1,213	\$2,717
70	\$1,498	\$2,752	\$1,365	\$2,507	\$2,065	\$3,972
75	\$2,568	\$4,128	\$2,340	\$3,761	\$3,490	\$5,840
80	\$4,210	\$6,284	\$3,836	\$5,726	Not Available	Not Available